FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

FORM D

CE OF SALE OF SECURITIES URSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB Number: 3235-0076

Expires:

May 31, 2005 Estimated average burden



MIFORM LIMITED OFFERING EXEMPTION ( check if this is an amendment and name has changed, and indicate change.) Offering Common Stock and Subordinated Notes Name of Offering for aggregate offering of up to \$19,235,500 Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) On Target Media Holdings, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1 Seaport Plaza, 199 Water Street, 20th Floor, New York, New York 10038 212-847-8900 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Holding company. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Actual Estimated Actual or Estimated Date of Incorporation or Organization: 0 2 0 6 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) 

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Lof9

								A.	BASIC II	ENTI	FICATION	DATA					
2.	Ent	er the	informa	tion re	quest	ted for the	follow	ing:									
	•	Each	promo	ler of t	he iss	suer, if the	issuer	has been	organized	within	the past five	years;					
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue									issuci							
	•	Each	execut	ive off	icer a	nd director	r of co	rporate iss	suers and o	f corpo	rate general	and man	aging	partners o	f partn	ership issuers; and	
	•	Each	genera	l and n	nanag	ging partne	rofpa	ırtnership	issuers.								
Chec	k B	ox(es)	that Ap	ply:		Promoter	. [	Benefic	cial Owner		Executive	Officer	~	Director		General and/or Managing Partner	
Full	Nan	ne (Las	t name	first, i	f indi	vidual)		<u>.</u> _						<del></del>			
			Rober			, , , , , ,											
Busi	ness	or Re	sidence	Addre	ss (	Number ar	nd Stre	et, City, S	State, Zip C	ode)							
c/o	On	Targe	t Media	Hold	ings,	Inc., 1 Se	aport	Plaza, 19	9 Water S	treet, 2	Oth Floor,	New Yor	rk, Ne	w York 10	038		
Chec	кB	ox(es)	that Ap	ply:		Promoter		] Benefic	cial Owner		Executive	Officer	9	Director		General and/or Managing Partner	
Full	Nan	ne (Las	t name	fîrst, i	findi	vidual)											<u> </u>
Gio	rdar	no, Je	ffrey														
Busi	ness	or Re	sidence	Addre	ss (	Number ar	nd Stre	et, City, S	State, Zip C	odc)						·	
c/o	On '	Targe	t Media	Holdi	ngs,	Inc., 1 Sea	aport	Plaza, 19	9 Water St	treet, 2	0th Floor,	New Yor	k, Ne	w York 10	038		
Chec	k B	ox(es)	that Ap	ply:		Promoter		] Benefic	cial Owner		Executive	Officer	V	Director		General and/or Managing Partner	
		ne (Las , Andr	t name	fîrst, i	f indi	vidual)	-				•						
Busi	ness	or Re	sidence	Addre	ss (	Number ar	nd Stre	et, City, S	State, Zip C	ode)						<del></del>	
c/o	On	Targe	t Media	Hold	ings,	Inc., 1 Se	aport	Plaza, 19	9 Water S	treet, 2	Oth Floor,	New You	rk, Ne	w York 10	0038		
Chec	k B	ox(es)	that Ap	ply:		Promoter		] Benefic	cial Owner		Executive	Officer	<b>V</b>	Director		General and/or Managing Partner	
		ne (Las James	t name J.	fîrst, i	f indi	vidual)											
									State, Zip C		20th Floor	, New Yo	ork, N	lew York	10038		
Chec	k B	ox(es)	that Ap	ply:		Promoter		] Benefic	cial Owner		Executive	Officer	V	Director		General and/or Managing Partner	
Full	Nam	e (Las	t name	fīrst, i	f indi	vidual)											
Ede	n, N	/laria E	3.														
			idence sponse		-				tate, Zip C <b>Wayne, P</b> e	,	vania 1908	37	<del></del>	··	,		<del></del>
Chec	k Be	ox(es)	that Ap	ply:		Promoter	V	] Benefic	cial Owner		Executive	Officer		Director		General and/or Managing Partner	
Full	Nam	e (Las	t name	first, if	l indi	vidual)											
Sea	port	t Capi	tal Part	ners II	II, L.P	٠.											
Busi	iess	or Res	idence	Addres	ss (	Number an	d Stre	et, City, S	tate, Zip C	ode)							
15	eap	ort Pla	ıza, 199	) Wate	r Str	eet, 20th F	Floor,	New York	k, New Yor	rk 1003	18						
Chec	k Bo	ox(es)	that Ap	pły:		Promoter		Benefic	rial Owner	Ø	Executive	Officer		Director		General and/or Managing Partner	
		e (Las ine, Ca	name :	first, if	indiv	/idual)									-		
Busir	iess	or Res	idence	Addres	s (1	Number an	d Stre	et, City, S	tate, Zip C	ode)	<del></del>						
c/o	Dire	ct Re	sponse	Media	a, Inc	, 489 Dev	on Pa	ırk Drive,	Wayne, P	ennsyl	vania 190	B7					
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary)																

		A. BASIC I	DENTIFICATION DATA		
2. Enter the information re	quested for the fo	llowing:		•	
<ul> <li>Each promoter of the</li> </ul>	he issuer, if the is:	suer has been organized	within the past five years;		
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	ver to vote or dispose, or	direct the vote or disposition	n of, 10% or more o	f a class of equity securities of the issuer
<ul> <li>Each executive offi</li> </ul>	cer and director o	f corporate issuers and	of corporate general and ma	inaging partners of	partnership issuers; and
<ul> <li>Each general and m</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				<u></u>
Seaport Capital Partners II	I/A, L.P.				
Business or Residence Addres	s (Number and	Street, City, State, Zip	Code)		
1 Seaport Plaza, 199 Water	r Street, 20th Flo	or, New York, New Yo	ork 10038		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 📝 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				*11.4"
Kramer, David S.					
Business or Residence Addres	•				
c/o Direct Response Media	i, Inc., 489 Devoi	n Park Drive, Wayne, I	Pennsylvania 19087	······ <del>-</del> ····· ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lastoria, Michael					
Business or Residence Addres					
c/o Innovation Ads, Inc., 1	1 Hanover Squar	re, 14th Floor, New Yo	ork, NY 10005		-5000
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Sickenius, Michael	`individual)				
Business or Residence Addres					
c/o Innovation Ads, Inc., 1	1 Hanover Squar	re, 14th Floor, New Yo	ork, NY 10005		
Check Box(es) that Apply:	Promoter	Beneficial Owner	T Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	indívidual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip (	Code)		
	(Use blar	nk sheet, or copy and us	e additional copies of this s	heet, as necessary)	

					В. І	NFORMAT	ION ABOU	T OFFERI	ING						
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No						
1.	Answer also in Appendix, Column 2, if filing under ULOE.						🔲	Ø							
2.	· · · · · · · · · · · · · · · · · · ·							. s N/A							
									Yes	No					
3.								_							
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Ful N/		Last name	first, if ind	ividual)											
		Residence	Address (N	Number an	d Street. C	ity, State, 2	Zip Code)								
						<u> </u>				<u> </u>					
Nar	ne of As	sociated B	roker or De	aler											
Stat	tes in WI	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	 Purchasers	· · · · · · · · · · · · · · · ·							
	(Check	"All State:	s" or check	individua	l States)							. 🔲 Al	☐ All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR		
Ful	Full Name (Last name first, if individual)														
Bus	iness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)								
Nan	ne of As	sociated Bi	roker or De	aler											
Stat	es in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					····			
	(Check	"All States	s" or check	individual	States)					•••••		.   Al	All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL	ĪN	ΙA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE		NH	NJ	NM	NY	NC)	ND	OH	OK	OR	PA		
	RI	SC	SD	[TN]	TX	UT	[VT]	[VA]	WA	WV	WI	WY	PR		
Full	l Name (	Last name	first, if ind	ividual)											
Bus	iness or	Residence	Address (1	Number an	d Street. C	ity, State,	Zip Code)								
Nan	Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
	(Check "All States" or check individual States)								States						
	AL II. MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ζ	
	Type of Security	Aggregate Offering Price	Amount Already Sold
		\$ 9,000,000	s 9,000,000
		·	5 10,235,500*
	Equity	\$_10,233,300	3 10,200,000
	✓ Common Preferred	a =0=	
	Convertible Securities (including warrants)		\$0-
	Partnership Interests		\$0-
	Other (Specify)		\$ -0-
	Total	\$ 19,235,500"	\$ 19,235,500°
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 19,235,500
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		Φ
,	•		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		§ 75,000
	Accounting Fees	لوسا	s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	LZI.	ς 75,000

<sup>\*</sup>Portion of offering amount is represented by value of securities surrendered by investors in exchange for shares of Common Stock of the Issuer.

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — oproceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	oss	\$_19,160,500
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$	_ []\$
	Purchase of real estate		🗀 \$	\$
	Purchase, rental or leasing and installation of macl		🗀 \$	_
	Construction or leasing of plant buildings and faci	lities		 _
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	□ \$	□\$
	Repayment of indebtedness		_	
	Working capital			****
	Other (specify): To be used to make a capital cont			
	the assets of another company & other general co			
			- 	\$
	Column Totals		🔲 \$	<b>№</b> \$_19,160,500
	Total Payments Listed (column totals added)		📝 \$ <u>_1</u>	9,160,500
	<del></del>	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Comr	nission, upon writte	
SSI	uer (Print or Type)	Signature 1 C	Date	
On	Target Media Holdings, Inc.	Alaulk Vonno	October 12	, 2006
۷aı	me of Signer (Print or Type)	Title of Signer (Print or Type)	•	
Da	ivid S. Kramer	Vice President		

# -- ATTENTION -